

# MT. BETHEL CHRISTIAN ACADEMY



**EMERGENCY MEDICAL RELEASE FOR:** \_\_\_\_\_  
(student name)

I, \_\_\_\_\_ (parent or guardian) authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a physician for (Participant's Full Name) \_\_\_\_\_ if I cannot be reached in case of an emergency. I hereby grant permission to Mt. Bethel Christian Academy (hereinafter referred to as MBCA) to have my son/daughter treated by a physician if necessary. Both Participant and Parent/Guardian acknowledge that he/she is physically able according to our family physician to participate, and I acknowledge that I am responsible for any and all medical expenses due to my child's illness or injury. It is recommended that all students participating in competitive athletics receive a physical examination from their personal physician.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Legal Guardian)

Emergency Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Other Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

## PARTICIPANT MEDICAL INFORMATION

Birthday: \_\_\_\_\_ Last Tetanus Shot: \_\_\_\_\_

Allergies: \_\_\_\_\_

Chronic Conditions ( e.g. Asthma): \_\_\_\_\_

Regular Medications: \_\_\_\_\_

Participant's Physician Name: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Insured Policy Number: \_\_\_\_\_

## ATHLETIC MINOR WAIVER AND RELEASE LIABILITY

Participant and Parents/ Legal Guardian represents to MBCA that Participant is in physically sound condition and has no disability, illness or other condition preventing Participant from engaging or otherwise participating in sports such as but not limited to basketball, track, rock climbing and or other physically challenging activities, including sports practice. Participant understands and acknowledges that participation in these sports or physical activities involves or otherwise includes risk of injury, including but not limited to knee and ankle injury, muscle strain and pulls, shin splint and over exertion. Participant fully understands, accepts and assumes any and all risks involved or in connection with the participation in these sports and activities. Participant promises and agrees that neither Mt. Bethel UMC nor any representative, employee or person associated with MBCA or any of its volunteers shall be held liable or responsible for any claims, damages, or losses arising out of or in connection with Participant's use of or presence on Mt. Bethel UMC premises. Participant further promises and agrees to indemnify and to hold MBCA, its representatives and employees and its volunteers harmless from any and all claims, damages or loses arising out of or in connection with participant's transportation to and from activities offsite. Participant further promises and agrees that none of MBCA's employees nor any of its volunteers, shall be liable or responsible for any loss or theft of personal property. I understand and acknowledge that signing this release means my name or likeness may be used in promotional materials made available to the public.

Printed Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Address of Participant: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Parent or Guardian (signature): \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_